



Missouri Pharmacy Program – Preferred Drug List



Ace Inhibitors
Ace Inhibitors Diuretic Combinations
Effective 11/01/2004
 Revised 01/04/2006

Preferred Agents

Available Without Clinical Edits

- Captopril
- Captopril/HCTZ
- Enalapril
- Enalapril/HCTZ
- Lisinopril
- Lisinopril/HCTZ
- Benazepril
- Benazepril/HCTZ

Non-Preferred Agents

Available with Clinical Edits

- Zestril®/Prinivil®
- Zestoretic®/Prinzide®
- Fosinopril/HCTZ
- Mavik®
- Aceon®
- Univasc®
- Uniretic®
- Monopril®
- Monopril HCT®
- Vasotec®
- Vaseretic®
- Altace®
- Moexipril
- Lotensin®
- Lotensin HCT®
- Accupril®
- Accuretic®
- Capoten®
- Capozide®
- Quinapril
- Quinaretic

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.